09167

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 6 Wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Cora (Middle) Mae (Last) Arrants

4. DATE OF DEATH (Month) Sept. (Day) 27 (Year) 1950

5. SEX F.
6. COLOR OR RACE Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 27 1885
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Elk Neck, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John W. Arrants
14. MOTHER'S MAIDEN NAME Anna Purner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Walter Arrants North East RD Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Right Hemiplegia	Aug. 2-1950
443X Antecedent cause(s)	(b) Hypertensive Cardiovascular disease	5 years
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1950, to ~~Sept 26~~ 27, 1950, that I last saw the deceased alive on Sept 25, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Henry V Davis M.D. ADDRESS Chesapeake City Md DATE SIGNED 9/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 30/50
NAME OF CEMETERY OR CREMATORY Cherry Hill
LOCATION (City, town, or county) (State) Cherry Hill, Md.

DATE REC'D BY LOCAL REG. Sept 29
REGISTRAR'S SIGNATURE F K Frazer
24. FUNERAL DIRECTOR H W Pippin & Son, ADDRESS Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT
BUREAU

09168

Lilly Brady

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH · COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 63 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital	STREET ADDRESS (If rural, give location): 142 E. High St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Lillian Brady	4. DATE OF DEATH (Month) (Day) (Year): 9 28 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	Colored	Widowed	3/3/1887	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic	10b. KIND OF BUSINESS OR INDUSTRY: Gen. House Work	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Warren Longer		14. MOTHER'S MAIDEN NAME: Virginia -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)	16. SOCIAL SECURITY No.: none	17. INFORMANT AND ADDRESS: Harvey Washington 772 St Nick St. N.Y.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pulmonary Edema	24 hours
Antecedent cause(s) (b)	Right cerebral hemorrhage	9 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Syphylis - late, latent	?

331X

30g

028+

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Sept, 1950, to 28 Sept, 1950, that I last saw the deceased alive on 28 Sept, 1950, and that death occurred at 3:20 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Klaus H Huebner	M.D.	North East, Md	29 Sept '50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/1/50	Ebenezer Cem.	Bohemia Manor, Md.

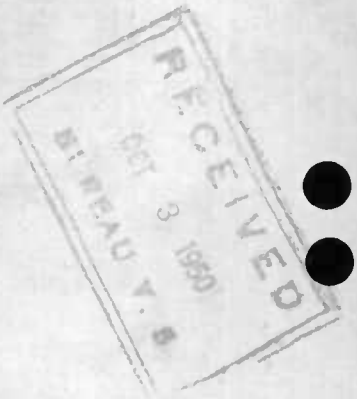
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 1	L R Frazer	Edw R Bell	909 Poplar St.

52086 Wilmington, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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OCT 3 1950
BUREAU V. S

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09169

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
STREET ADDRESS (If rural, give location) 243 E. HIGH ST.

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Lula (Last) Brooks
4. DATE OF DEATH (Month) Sept (Day) 19 (Year) 1950

5. SEX F
6. COLOR OR RACE BLACK
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 16, 1872
9. AGE last birthday 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ELKNECK, MD
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ALEX RICHARDSON
14. MOTHER'S MAIDEN NAME LULA RICHARDSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Anna B. Conger — 243 E. Hight St. Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331x	Immediate cause	(a) Cerebral Hemorrhage	6 days
	Antecedent cause(s)		
83a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant Hypertension	Unknown
		(c) Arteriosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Sept, 1950, to 19 Sept, 1950, that I last saw the deceased alive on 19 Sept, 1950, and that death occurred at 5:05 A.m., from the causes and on the date stated above.

SIGNATURE George Knein, Jr. (Degree or title) M.D. ADDRESS Elkton, Md DATE SIGNED 19 Sept. 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9/23/50
NAME OF CEMETERY OR CREMATORY Griffith Cemetery
LOCATION (City, town, or county) Elkton, Md. (State) Cedar Hill

DATE REC'D BY LOCAL REG. Sept 23
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR Edw K Bell ADDRESS 909 Poplar St.

VS. A15

I MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 23 1950
BUREAU Y. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09170

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) ELMER (Middle) Ellworth (Last) BROWN
4. DATE OF DEATH (Month) 9 (Day) 30 (Year) 1950

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 8-8-1863
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.
10b. KIND OF BUSINESS OR INDUSTRY Gardner.
11. BIRTHPLACE (State or foreign country) Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hicks Brown.
14. MOTHER'S MAIDEN NAME Jane Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-12-3059
17. INFORMANT Mrs Ruth Johnson.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X Immediate cause (a) Cardio vascular Renal disease

131 a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr R L Dodson (Degree or title) DME ADDRESS Rising Sun Md DATE SIGNED 9-30-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-3-50
NAME OF CEMETERY OR CREMATORY Rosebank.
LOCATION (City, town, or county) (State) Cabert Cecil Md.

DATE REC'D BY LOCAL REG. Oct 2-1950
REGISTRAR'S SIGNATURE L M Worthington
24. FUNERAL DIRECTOR J. E. Tyson ADDRESS Rising Sun Md.

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 5 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09171

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton MD. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elkton Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNA. COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OXFORD
STREET ADDRESS (If rural give location) 420 BROAD ST. ✓

3. NAME OF DECEASED (Type or Print) (First) DORA (Middle) W. (Last) BUNTING

4. DATE OF DEATH (Month) SEPT. (Day) 3rd. (Year) 1950

5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED. | 8. DATE OF BIRTH Feb. 6 1874 | 9. AGE last birthday 76 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Chester Co. PA. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ELLWOOD WEBSTER | 14. MOTHER'S MAIDEN NAME CLARA WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Circulatory Failure	48 hrs.
334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension, Cerebral Endarteritis ?	
61	(c) Arterio-Sclerosis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Functional Glycosuria

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION None | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓ | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1945, to Sept, 1950, that I last saw the deceased alive on Sept 2, 1950, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE Jacob L Engle (Degree or title) M.D. ADDRESS Oxford Pa DATE SIGNED Sept. 5/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 9/7/50 | NAME OF CEMETERY OR CREMATORY Oxford Cemetery | LOCATION (City, town, or county) Oxford Ches. Co. (State) PA.

DATE REC'D BY LOCAL REG. Sept 5 | REGISTRAR'S SIGNATURE F R Frazer | 24. FUNERAL DIRECTOR C P Rogers ADDRESS Oxford Pa

RECEIVED
SEP 8 1950

MARYLAND STATE DEPARTMENT OF HEALTH

09172

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (In this place) 11 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural, give location) Maple Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	M.	BURGESS	September 14 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	12-6-92	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: ROSE BRADLEY - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 — Immediate cause (a) Embolism, cerebral due to thrombus, intra-mural, left ventricle, due to coronary sclerosis — Interval between onset and death: 10 minutes

94a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. C. Dodson M.D. D.M.E. (Degree or title) — ADDRESS R. C. DODSON, M.D., D.M.E., Rising Sun, Maryland — DATE SIGNED 9-14-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	9-15-50	M.E.Church Cemetery,	Preston, Maryland

DATE REC'D BY LOCAL REG. Sept 15 1950 — REGISTRAR'S SIGNATURE Ida M Daugherty Asst Reg.

24. FUNERAL DIRECTOR — ADDRESS Harry M. Hollis - Preston, Md.
HARRY M. HOLLIS, PRESTON, MD.

VS. A15A

RECEIVED
SEP 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09173

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 1 mo. 28 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Conowingo
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MILFORD	L.	BURKINS	Sept.	12	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	8-18-99	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur J. Burkins
14. MOTHER'S MAIDEN NAME: Mabel J. Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): WW II
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Thrombosis of abdominal aorta, post-operative	1 Day
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	Unknown
	(c)	

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9-11-50	Arteriosclerosis, abdominal aorta with thrombosis of abdominal aorta	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 7-14, 19 50, to 9-12, 19 50, that I last saw the deceased alive on 19 XX and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon
(Degree or title): E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md.
ADDRESS
DATE SIGNED: Sept. 14, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 16, 1950	Darlington Cemetery	Darlington, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 14, 1950	Ida M. Daugherty Act Reg.	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md. XXXX

RECEIVED
SEP 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09174

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

1. PLACE OF DEATH: COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, | LENGTH OF STAY (In this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Elkton - Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) ANN (Last) Chadwick

4. DATE OF DEATH: (Month) 9 (Day) 23 (Year) 1950

5. SEX F. | 6. COLOR OR RACE Wh. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH May 15 1950 | 9. AGE last birthday 4 mos. | If under 1 year: Months. 4 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Elkton. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Dennis Chadwick | 14. MOTHER'S MAIDEN NAME Katherine Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Katherine Chadwick Elkton RD 3 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial Pneumonia — Interval Between Onset and Death: 4 days

491X Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Sept, 1950, to 23 Sept, 1950, that I last saw the deceased alive on 22 Sept, 1950, and that death occurred at 3:16 A m., from the causes and on the date stated above.

SIGNATURE George Klein, Jr (Degree or title) MD | ADDRESS Elkton, Md | DATE SIGNED 9-23-50

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE Sept 26 50 | NAME OF CEMETERY OR CREMATORY Elkton, | LOCATION (City, town, or county) Elkton (State)

DATE REC'D BY LOCAL REG. Sept 26 | REGISTRAR'S SIGNATURE E R Frazier (Registrar) | 24. FUNERAL DIRECTOR H H Lippen & Son | ADDRESS Elkton, Md

2-0-5-15-0-39-9-40-6

RECEIVED
SEP 27 1950
BUREAU V. S

09175

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

M

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital Elkton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Elk Mills Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Md Cecil Co
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Jean Chilcutt

4. DATE OF DEATH (Month) (Day) (Year) 9 17 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 3-11-49
9. AGE last birthday 1 yrs. If under 1 year: Months 6, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elk Mills Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Layton Chilcutt
14. MOTHER'S MAIDEN NAME Gladys Sedwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Leukemia, myelogenous, acute, fulminating — Unknown

204.1

Antecedent cause(s)

74a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pertussis — 3 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 13, 1950, to ~~August~~ Sept 17, 1950, that I last saw the deceased alive on ~~August~~ Sept 17, 1950, and that death occurred at 9:40 A m., from the causes and on the date stated above.

SIGNATURE S. Ralph Andrews Jr. (Degree or title) M.D. ADDRESS Elkton, Maryland DATE SIGNED ~~August~~ Sept 17, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Sept 19 NAME OF CEMETERY OR CREMATORY Newark LOCATION (City, town, or county) Newark Del (State)

DATE REC'D BY LOCAL REG. Sept 18 REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR R. T. Jones ADDRESS Newark Del

056x

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 19 1950
BUREAU V. S

RECEIVED
SEP 19 1950
BUREAU V. S

09176

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH · COUNTY: CECIL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: PENNSYLVANIA COUNTY: PHILADELPHIA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PERRY POINT, LENGTH OF STAY (in this place): 16yrs23days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PHILADELPHIA
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL	STREET ADDRESS (If rural, give location): 1817 Christian Street

3. NAME OF DECEASED (Type or Print)	(First) ROBERT	(Middle) B	(Last) CHUBB	4. DATE OF DEATH (Month) September (Day) 19, (Year) 50
5. SEX: MALE	6. COLOR OR RACE: COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE	8. DATE OF BIRTH: 10-24-1877	9. AGE last birthday: 72 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): GEORGIA	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: COLUMBUS CHUBB - deceased		14. MOTHER'S MAIDEN NAME: UNKNOWN - deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If year, give war or dates of service): WW-I	16. SOCIAL SECURITY No.: NONE	17. INFORMANT AND ADDRESS: Hospital Records, VAH., Perry Point, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) UREMIA, UREMIC POISONING	Unknown
443X Antecedent cause(s)		
30b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIO VASCULAR DISEASE	Unknown
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	General Paresis of the Insane	16 yrs.

19a. DATE OF OPERATION: --	19b. MAJOR FINDINGS OF OPERATION: --	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): --	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): --	(CITY OR TOWN) (COUNTY) (STATE): --
TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? --

22. I hereby certify that VA attended the deceased from Aug. 27th., 1937., to Sept. 19, 1950., that I last saw the deceased alive on ~~XXXXXXXXXXXXXXXX~~, 19~~XXX~~, and that death occurred at 10:00 PM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
E. P. BRANNON, M.D.	Chief, Professional Services, VAH., Perry Point, Md.	9-22-50

23. BURIAL, CREMATION REMOVAL (Specify): REMOVAL	DATE	NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL CEMETERY	LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND
DATE REC'D BY LOCAL REG.: Sept 25 1950	REGISTRAR'S SIGNATURE: Ida M. Dougherty Act Reg.	24. FUNERAL DIRECTOR: Pennington & Son	ADDRESS: PENNINGTON & SON, HAVRE DE GRACE, MARYLAND

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
SEP 28 1950
BUREAU OF

Evidence for changes in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09177

FILM No. G 128 SEP 27 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 6 Mo. 2 Da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print) (First) MATTHEW (Middle) J. (Last) CORCORAN

4. DATE OF DEATH (Month) Sept. (Day) 19 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7-6-80
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Michael Corcoran - deceased
14. MOTHER'S MAIDEN NAME Winifred Spellman - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) S.A.W.
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) 1. Pneumonia, bronchial, right lower lobe	1 week
450.0 Antecedent cause(s)	b 2. Empyema, non-tuberculous, left	
96 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 3. Arteriosclerosis, generalized	
	(c) 4. Ulcer, duodenal	
	5. Aneurusm, abdominal, aorta, nonsyphilitic (9-27-50 akc)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that V.A. attended the deceased from Mar. 17, 1950, to Sept. 19, 1950, ~~that I last saw the deceased alive on 19~~ and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. Sept. 19, 1950

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE THEREOF 9-19-50
NAME OF CEMETERY OR CREMATORY Cathedral Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. Sept 19, 1950
REGISTRAR'S SIGNATURE Ida M. Daugherty Act Reg.

24. FUNERAL DIRECTOR ADDRESS STEWART & MOWEN, 108 W. North Avenue Baltimore, Md.

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 21 1950
BUREAU. V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09178

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point,; LENGTH OF STAY (in this place) 2y. 4m. 17 d.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 2000 Connecticut Ave., N. W.

3. NAME OF DECEASED (Type or Print): (First) Moses; (Middle) H.; (Last) DARNALL

4. DATE OF DEATH: (Month) 9 - (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-6-82

9. AGE last birthday: 68 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Weston, Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown - deceased

14. MOTHER'S MAIDEN NAME: Unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes; (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial fibrosis and insufficiency due to coronary sclerosis, severe due to arteriosclerosis, generalized.

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN): —; (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 10, 1948, to Sept. 27, 1950, that I last saw the deceased alive on [illegible], 1950, and that death occurred at 4:15 a.m., from the causes and on the date stated above.

SIGNATURE E. P. BRANNON (Degree or title) M.D., Chief, Professional Services, VAH, Perry Point, Md. (ADDRESS) DATE SIGNED 9-29-50

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL; DATE: 9-29-50; NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery; LOCATION (City, town, or county): Ft. Myer, Virginia (State)

DATE REC'D BY LOCAL REG.: Sept 29 1950; REGISTRAR'S SIGNATURE: Ida M. Daugherty; 24. FUNERAL DIRECTOR: Pennington & Son; ADDRESS: PENNINGTON & SON, HAVRE DE GRACE, MARYLAND

act Reg.

VS. A15

RECEIVED
OCT 1960
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

09179

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9 V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location) R. D.

3. NAME OF DECEASED (Type or Print): (First) Baby — (Middle) — (Last) Davis
4. DATE OF DEATH: (Month) 9 — (Day) 29 — (Year) 1950
5. SEX: F.
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9-29-50
9. AGE last birthday yrs. — If under 1 year: Months — Days — Hours 2 — Min. 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Elkton
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Olin Davis
14. MOTHER'S MAIDEN NAME: Ruth Bowers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Ralph. Bowers — Chesapeake City md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intra cranial Hemorrhage.	birth
760.0 Antecedent cause(s)	(b) Defective left Temporal Bone	birth
160a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Boy lives 2 hours

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 27, 1950, to Sept 29, 1950, that I last saw the deceased alive on Sept 29, 1950, and that death occurred at 11.20 A. m., from the causes and on the date stated above.

SIGNATURE Hen M Davis (Degree or title) M.D. ADDRESS Chesapeake City Md DATE SIGNED 9/29/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE Sept 29/50 — NAME OF CEMETERY OR CREMATORY Gilpin Manor M Park — LOCATION (City, town, or county) Elkton, Md (State)

DATE REC'D BY LOCAL REG. Sept 29 — REGISTRAR'S SIGNATURE A R Frazer

24. FUNERAL DIRECTOR Gilpin & Son — ADDRESS Elkton Md

20-9-29-0-25-1-40-4

RECEIVED
OCT 21 1950
BUREAU V.S.

09180

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH· COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton — LENGTH OF STAY (in this place) years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) colored section

3. NAME OF DECEASED (Type or Print) (First) Virginia	(Middle) Roosevelt	(Last) Davis	4. DATE OF DEATH (Month) Sept (Day) 9 (Year) 1950	
5. SEX female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH Nov 8 1932	9. AGE last birthday 17 yrs. — If under 1 year Months / Days — If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Elkton, Maryland	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Benjamin Davis		14. MOTHER'S MAIDEN NAME Viola Harmon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Mother - Viola H. Davis		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary tuberculosis — 1 month

002 x 13 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 22, 1950, to Sept 9, 1950, that I last saw the deceased alive on Sept 9, 1950, and that death occurred at 1 40 EST p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wallace Ohenshain	MD	Cecilton Md	Sept 9, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 13 1950	Cecilton Cem.	Cecilton Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 12-1950	Mrs Harold W. Cheyney	Edward Fellows	Millington Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
SEP 13 1950
BUREAU V. S

09181

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 2yr. 1mo, 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS V. A. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2232 Etting Street

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Davis
4. DATE OF DEATH (Month) 9 (Day) 11 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 6-14-75
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish-American 3-29-99 to 3-28-02
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary occlusion	1-2 hours
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	
		(c) Psychosis with cerebral arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. --

19a. DATE OF OPERATION --
19b. MAJOR FINDINGS OF OPERATION --
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) (COUNTY) (STATE) ---
TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that V.A. attended the deceased from 7-21, 1948, to 9-11-, 1950, ~~that I last saw the deceased~~ ~~alive on~~, and that death occurred at 4:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 9-12-50
E. P. BRANNON, M.D., Chief Professional Services, V.A.Hospital, Perry Point, Maryland

23. ~~BURIAL CREMATION~~ REMOVAL (Specify) 9-12-50
DATE THEREOF 9-12-50
NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. Sept. 12, 1950
REGISTRAR'S SIGNATURE Ida M. Daugherty
Act Reg.

24. FUNERAL DIRECTOR Va. Brooks Ringgold ADDRESS 1463 N. Carey
Va. BROOKS RINGGOLD
1463 N. Carey Street, Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09182

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9x

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, | LENGTH OF STAY (in this place) 5 wks life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N Elkton
STREET ADDRESS (If rural give location) High St

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) DYSON (Last) Dean.
4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 19-50

5. SEX M. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 68 Sept 20, 18[illegible] | 9. AGE last birthday 82 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retd Clerk. | 10b. KIND OF BUSINESS OR INDUSTRY Clerk. | 11. BIRTHPLACE (State or foreign country) Delaware | 12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Jacob Dean | 14. MOTHER'S MAIDEN NAME Elizabeth Colmey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs Ford Leffler Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Upper Urinary Infection

610x Antecedent cause(s)

137a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Benign Prostatic Hypertrophy

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Feb. 8, 1949 | 19b. MAJOR FINDINGS OF OPERATION Benign Prostatic Hypertrophy | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 45, to Sept 19, 19 50 that I last saw the deceased alive on Sept 19, 19 50 and that death occurred at 3:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard H. Spreaker, MD Elkton, Md Sept 20, 1950.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Sept 26/50 | NAME OF CEMETERY OR CREMATORY Elkton, | LOCATION (City, town, or county) (State) Elkton, Md

DATE REC'D BY LOCAL REG. Sept 21 | REGISTRAR'S SIGNATURE F R Frazer | 24. FUNERAL DIRECTOR H W Pipping & Son | ADDRESS Elkton Md

26699

RECEIVED
SEP 23 1960

MARYLAND STATE DEPARTMENT OF HEALTH

09183

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural. — LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) Singerly Road.

3. NAME OF DECEASED (Type or Print): (First) STEPHEN (Middle) M. (Last) DILKS
4. DATE OF DEATH: (Month) 9 (Day) 15 (Year) 1950
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-16-1907
9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Elkton Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Charles M. Dilks
14. MOTHER'S MAIDEN NAME: Nora Fogerty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-03-7875
17. INFORMANT: Emma Dilks.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Acute Coronary Occlusion

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dr McDockon — (Degree or title) DME — ADDRESS Rising Sun Md. — DATE SIGNED 9-15-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Sept 19 1950 — NAME OF CEMETERY OR CREMATORY: Elkton Catholic — LOCATION (City, town, or county) (State): Elkton, Md

DATE REC'D BY LOCAL REG. Sept 19 — REGISTRAR'S SIGNATURE J R Frazer

24. FUNERAL DIRECTOR: Joseph R. Grant — ADDRESS North East Md

308V9

RECEIVED
SEP 23 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

09184

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 7 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. — COUNTY Newcastle — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odessa — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Othe (Middle) LEMUEL (Last) FOSTER.

4. DATE OF DEATH: (Month) 9 (Day) 13 (Year) 1950

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-9-1903

9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days 4 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager Tavern Taproom

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Bacon Hill Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Otho H Foster

14. MOTHER'S MAIDEN NAME: Rose M. Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Evelyn. Halfen wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
972	X Immediate cause	(a) Hemorrhage stab wound.	
167	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Left side of neck. Gangrene	
		(c) Of Left foot.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Tavern. — CITY OR TOWN White Crystal Manor — (COUNTY) Cecil — (STATE) Md.

TIME OF INJURY (Month) 9 (Day) 4 (Year) 50 (Hour) 2:40 p.m. — INJURY OCCURRED While at work ☒ Not while at work ☐ — HOW DID INJURY OCCUR? Cut with knife

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE: Dr R L Doctor — (Degree or title) DME — ADDRESS Rising Sun Md. — DATE SIGNED 9-14-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9/18/50 — NAME OF CEMETERY OR CREMATORY Methodist — LOCATION (City, town, or county) (State): North East, Maryland.

DATE REC'D BY LOCAL REG. Sept 15 — REGISTRAR'S SIGNATURE F R Frazer — 24. FUNERAL DIRECTOR: William F. Jones, — ADDRESS Claymont, Delaware

15671

RECEIVED
SEP 19 1950
[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09185

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: 112 Bethel St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 112 Bethel St.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Homeward Oliver Sibes

3. (b) Social Security Number: 221-03-7797

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Married

6.(b) Name of husband or wife: Laura Sibes

6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 10 1895 1885

8. AGE: Years: 64 + Months: | Days: | If less than one day: ____ hrs. ____ min.

9. Birthplace: Elkton, Md. (Town, county, and state)

10. Usual occupation: Retired Janitor

11. Industry or business: Du Pont Chemical Co.

FATHER — 12. Name: Un Known

13. Birthplace

MOTHER — 14. Maiden name: Un Known

15. Birthplace

16. Informant: Laura Sibes

Address: 112 Bethel St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9/14/50 (month) (day) (year)

Cemetery or crematory: Providence Cem.

Location: Elkton Md.

18. Funeral director: Edward R Bell

Address: 909 Poplar St. Wilm. Del.

19. Sept 14 1950 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 10 1950, at 5:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 7 1950 to Sept 10 1950 and that I last saw him alive on Sept 9 1950

Immediate cause of death	DURATION
Acute Coronary Thrombosis	1 day
Due to: Chr. Myocarditis	2 yrs.
Due to: 420.1	
Other conditions: 93d	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.:

Autopsy results: no.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: James L. Johnson M.D. M. D., or other

Address: Elkton Md. Date signed: 9/12/50

RECEIVED
SEP 15 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09186

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point; LENGTH OF STAY (in this place): 21yrs 7mos 8days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; STREET ADDRESS (If rural, give location): 25 Bishop Lane

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) LEO (Last) GRIMM

4. DATE OF DEATH: (Month) Sept. (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-17-1899

9. AGE last birthday: 51 yrs. If under 1 year: Months 5, Days 21; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Grimm

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, bronchial bilateral, post operative due to broncniogenic	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma, left, upper lung	
	(c)	

162X 470

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --- PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: --- (CITY OR TOWN): --- (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): --- m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? ---

22. I hereby certify that I/VA attended the deceased from Jan 30, 1929, to Sept 8, 1950, ~~that I last saw the deceased~~ ~~and that death occurred at~~ and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE: E. R. BRANNON, M.D. (Degree or title) ADDRESS: Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: September 8 1950

23. BURIAL, CREMATION REMOVAL (Specify): REMOVAL | DATE THEREOF: Sept 10, 1950 | NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL CEMETERY | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: Sept 10, 1950 | REGISTRAR'S SIGNATURE: Ida M. Daugherty Asst Reg. | 24. FUNERAL DIRECTOR: GEORGE A. FARLEY FUNERAL HOME ADDRESS: Catonsville, Md.

3149

RECEIVED
SEP 13 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09187

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (in this place) 5 Mos. 1 Day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital,	STREET ADDRESS (If rural, give location) Route 2-Box 52

3. NAME OF DECEASED (Type or Print)	(First) CHESTER	(Middle) IRVING	(Last) HIGGINS	4. DATE OF DEATH (Month) September (Day) 6th, (Year) 1950
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 2-11-14	9. AGE last birthday 36 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY — unk.	11. BIRTHPLACE (State or foreign country) Seattle, Washington	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John William Fountain, Deceased		14. MOTHER'S MAIDEN NAME Elva Hackett		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If year, give war or dates of service) WW-II	16. SOCIAL SECURITY No. 544-16-2070	17. INFORMANT AND ADDRESS Hospital Records, VAH., Perry Point, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia, bronchial, bilateral,	10-15 days
Antecedent cause(s)	due to tumor, cerebral, glioblastoma, multiforme, left frontal lobe.	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

193X

54

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ulcers, decubitus, multiple

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [X] No [ ]
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work [ ] Not While At work [ ]	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from April 5, 1950, to Sept. 6, 1950, ~~that I last saw the deceased alive on~~ ~~19~~, and that death occurred at 5:35 PM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. P. BRANNON, M.D.	Chief, Professional Services, VAH, Perry Point, Md.		September 7, 1950

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL	DATE Sept. 11, 1950	NAME OF CEMETERY OR CREMATORY Arlington National Cemetery	LOCATION (City, town, or county) (State) Fort Myer, Virginia.
DATE REC'D BY LOCAL REG. Sept 11-50	REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.	24. FUNERAL DIRECTOR Pennington & Son	ADDRESS PENNINGTON & SON, Havre De Grace, Md.

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 13 1950
BUREAU V. S

09188

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East (Rural)
STREET ADDRESS (If rural, give location) near Theodore

3. NAME OF DECEASED (Type or Print) (First) Helmi (Middle) (Last) Karppinen
4. DATE OF DEATH (Month) 9 (Day) 7 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH July 3 1894
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife - Home
10b. KIND OF BUSINESS OR INDUSTRY Dress shop 3 yrs.
11. BIRTHPLACE (State or foreign country) Finland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John NAUKRINEN
14. MOTHER'S MAIDEN NAME No information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Jack Karppinen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	18 hours
170 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 50	(b) Carcinoma of rt. breast with metastasis	9 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardio Vascular Renal Disease — 4 years

19a. DATE OF OPERATION 2 Dec '49
19b. MAJOR FINDINGS OF OPERATION Carcinoma rt. breast with metastasis to axillary nodes
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to 7 Sept, 1950, that I last saw the deceased alive on 5 Sept, 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE Klaus H Huebner (Degree or title) M.D. ADDRESS North East, Md DATE SIGNED 8 Sept '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-10-50
NAME OF CEMETERY OR CREMATORY North East Methodist Cem.
LOCATION (City, town, or county) North East (State) Md.

DATE REC'D BY LOCAL REG. 9-10-50
REGISTRAR'S SIGNATURE Sarah E. Rothermel
24. FUNERAL DIRECTOR Joseph R. GRANT ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 13 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09189

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Kate (Middle) Ryan (Last) Lawrence

4. DATE OF DEATH: (Month) Sept. (Day) 26, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 6-25-1868

9. AGE last birthday: 82 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Jackson

14. MOTHER'S MAIDEN NAME: Elizabeth Currier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: J. Otley Ryan, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolus — Interval Between Onset and Death: 3 da

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Haemorrhage — 5 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 23 1950, to Sept 26 1950, that I last saw the deceased alive on Sept. 26 1950, and that death occurred at 11 a. m., from the causes and on the date stated above.

SIGNATURE: J. F. Magraw (Degree or title): M.D. ADDRESS: Perryville DATE SIGNED: Sept. 27 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 9-29-1950; NAME OF CEMETERY OR CREMATORY: Asbury; LOCATION (City, town, or county) (State): Perryville, Md. Rural

DATE REC'D BY LOCAL REG.: Sept. 29-1950; REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg.

24. FUNERAL DIRECTOR: Wm. A. Patterson & Son. ADDRESS: Perryville, Md.

VS/A15

RECEIVED
OCT 21 1950
BUREAU OF

09190

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil Union Hospital -MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location) Md

3. NAME OF DECEASED (Type or Print) (First) Lewis (Middle) — (Last) LLOYD
4. DATE OF DEATH (Month) SEPT. (Day) 7 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 15, 1892
9. AGE last birthday 58 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Engineers U.S. Gov.
10b. KIND OF BUSINESS OR INDUSTRY C & D Canal
11. BIRTHPLACE (State or foreign country) Chesapeake City, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Arlington Lloyd
14. MOTHER'S MAIDEN NAME Mary Elizabeth Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) Yes
16. SOCIAL SECURITY NO. 169-20-1545
17. INFORMANT AND ADDRESS Mrs Linda Lloyd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Left cerebral hemorrhage — 1 week

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1950, to Sept 7, 1950, that I last saw the deceased alive on September 6, 1950, and that death occurred at 4.07 a.m., from the causes and on the date stated above.

SIGNATURE Henry D Davis (Degree or title) M.D. ADDRESS Chesapeake City Md DATE SIGNED 9/7/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 9/50
NAME OF CEMETERY OR CREMATORY Bethel
LOCATION (City, town, or county) Near Chesapeake City Md (State)

DATE REC'D BY LOCAL REG. Sept 9
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton Md

V1697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
SEP 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09191

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, RD5
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lindon - Elkton RD5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton RD 5
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) A (Last) McFadden

4. DATE OF DEATH: (Month) Sept (Day) 25 (Year) 1950

5. SEX: F

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 17, 1883

9. AGE last birthday: 67 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Casselo

14. MOTHER'S MAIDEN NAME: Frances Shoop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Margaret Lewton, Elkton RD 5 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 4 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis — 260X

(c) & Diabetes Mellitus — 61 — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1950, to Sept 25, 1950, that I last saw the deceased alive on Sept 24, 1950, and that death occurred at 3.00 A. m., from the causes and on the date stated above.

SIGNATURE: (Degree or title) — ADDRESS — DATE SIGNED

Stephen Sutter M.D. Newark, Del Sept 26, 1950

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: Sept 28

NAME OF CEMETERY OR CREMATORY: Cherry Hill

LOCATION (City, town, or county) (State): Cherry Hill. Md

DATE REC'D BY LOCAL REG.: Sept 27

REGISTRAR'S SIGNATURE: F R Frazier

24. FUNERAL DIRECTOR — ADDRESS: H W Tippin & Son Elkton, Md

RECEIVED
SEP 29 1950
BUREAU V. S

09192

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH: COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City, Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) — (Last) McKenna
4. DATE OF DEATH (Month) Sept. (Day) 19 (Year) 1950

5. SEX F.
6. COLOR OR RACE Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single.
8. DATE OF BIRTH May 2, 1874
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas McKenna
14. MOTHER'S MAIDEN NAME Mary Kerwin.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Speed Chesapeake City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	2 days
153X Antecedent cause(s)	(b) Carcinoma of intestines	4 years
46 e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan 1950
19b. MAJOR FINDINGS OF OPERATION Carcinoma of intestines with metastasis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1950, to Sept 19, 1950, that I last saw the deceased alive on Sept 18, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE J. Herbert Bates (Degree or title) M. D. ADDRESS Elkton Md DATE SIGNED Sept 20. 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept 21/50
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) Baltimore, (State) Md

DATE REC'D BY LOCAL REG. Sept 20/50
REGISTRAR'S SIGNATURE Mrs Ralph H. Reed
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 0 1920

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09193

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charlestown; LENGTH OF STAY (in this place): 50 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charlestown; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Kate (Middle) Elizabeth (Last) McKown

4. DATE OF DEATH: (Month) Sept. (Day) 2, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-25-1869

9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William B. Realey

14. MOTHER'S MAIDEN NAME: Sarah E. Rutter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Millicent Jackson, Charlestown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	3 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis	5 months
	(c) Arterio sclerotic Cardio-Vascular Renal Disease	4 years ?

442X

131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to 2 Sept, 1950, that I last saw the deceased alive on 1 Sept., 1950, and that death occurred at 2:10 A.m., from the causes and on the date stated above.

SIGNATURE: Klaus H. Huebner (Degree or title): M.D. ADDRESS: North East, Md DATE SIGNED: 2 Sept '50

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 9-5-1950 NAME OF CEMETERY OR CREMATORY: Charlestown LOCATION (City, town, or county) (State): Charlestown, Md.

DATE REC'D BY LOCAL REG.: Sept. 5 1950 REGISTRAR'S SIGNATURE: Ida M Daugherty act Reg.

24. FUNERAL DIRECTOR: Lee A. Patterson & Son ADDRESS: Perryville, Md.

RECEIVED
SEP 7 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09194

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Blue ball — LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Blue ball. Nottingham Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William Howard (Middle) Mendenhall (Last)

4. DATE OF DEATH (Month) 9 (Day) 8 (Year) 50

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH 10-4-1862

9. AGE Last birthday 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Store Keeper

10b. KIND OF BUSINESS OR INDUSTRY Grocery

11. BIRTHPLACE (State or foreign country) Blueball, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edwin Mendenhall

14. MOTHER'S MAIDEN NAME Emma Hamor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT James Mendenhall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
450.0	Immediate cause	(a) Hypostatic Pneumonia	
97	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Debility and Ateriosclerosis	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural cause ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. R. LeDoux. DME (Degree or title) ADDRESS Rising Sun, Md. DATE SIGNED 9-8-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9-11-50 — NAME OF CEMETERY OR CREMATORY Rosebank — LOCATION (City, town, or county) Calvert (State) Md.

DATE REC'D BY LOCAL REG. Sept 8 1950 — REGISTRAR'S SIGNATURE F B Frazer

24. FUNERAL DIRECTOR William L. Johnston — ADDRESS Oxford Pa.

1566

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 11 1950
BUREAU V. S

09195

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
LENGTH OF STAY (in this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Clara (Middle) Simpers (Last) Muller
4. DATE OF DEATH (Month) Sept (Day) 12 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 12, 1872
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) North East Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Asa Rambo
14. MOTHER'S MAIDEN NAME No information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Joseph R. Grant North East, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemeplegia Left Side
334X
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis
83d
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10, 1950, to 9-11, 1950, that I last saw the deceased alive on 9-11, 1950, and that death occurred at 3 a. m., from the causes and on the date stated above.

SIGNATURE R. C. Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 9-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-16-1950
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) (State) North East, Maryland

DATE REC'D BY LOCAL REG. Sept-14-50
REGISTRAR'S SIGNATURE L M Workington
24. FUNERAL DIRECTOR Joseph R. Grant ADDRESS North East, Maryland

RECEIVED
SEP 15 1950
BUREAU V.

09196

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT
LENGTH OF STAY (in this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DISTRICT OF COLUMBIA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 221 B Street, N.E.

3. NAME OF DECEASED (Type or Print): (First) HAROLD (Middle) (MNI) (Last) NELSON

4. DATE OF DEATH (Month) September (Day) 1, (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 2-3-1900

9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk- Retired

10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt Treasury Dept.

11. BIRTHPLACE (State or foreign country) New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Christian Nelson

14. MOTHER'S MAIDEN NAME Eleanor Mensinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Peace Time

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Brain Tumor, probable glioma

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

193X
5/a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION August 31, 1950

19b. MAJOR FINDINGS OF OPERATION Tumor mass in the right hemisphere.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Aug 23, 1950, to Sept. 1, 1950, ~~that I last saw the deceased alive on~~ and that death occurred at 10:15 P m., from the causes and on the date stated above.

SIGNATURE E. P. Brannon M.D. (Degree or title) Chief, Professional Services. ADDRESS VAH, Perry Point, Md. DATE SIGNED 9-1-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal — DATE THEREOF 9-2-50 — NAME OF CEMETERY OR CREMATORY National Park Cem. — LOCATION (City, town, or county) (State) Falls Church, Va.

DATE REC'D BY LOCAL REG. Sept. 2 1950 — REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.

24. FUNERAL DIRECTOR S.H. HINES CO., ADDRESS 2901 -14th St., N.W., Washington, D.C.

26697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 5 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09197

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Mills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ELIZABETH (Middle) JANE (Last) PHILHOWER
4. DATE OF DEATH (Month) 9 (Day) 26 (Year) 1950

5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3-3 1947
9. AGE last birthday 3 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wilmington Del
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Philhower
14. MOTHER'S MAIDEN NAME Ada Serless.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Chas. Philhower.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

056.1 Immediate cause (a) Broncho Pneumonia Bilateral

9 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pertussis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr R C Dodson (Degree or title) DME ADDRESS Rising Sun Md DATE SIGNED 9/26-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Sept 29/50
NAME OF CEMETERY OR CREMATORY Gilpin Manor Memorial
LOCATION (City, town, or county) Elkton, Md (State)

DATE REC'D BY LOCAL REG. Sept 27
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09198

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point,
LENGTH OF STAY (In this place): 1 Hr. 50 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Pennsylvania; COUNTY: Philadelphia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia
STREET ADDRESS (If rural, give location): Colonial Hotel, 11th and Spruce Streets

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) M. (Last) POINSETT
4. DATE OF DEATH: (Month) September (Day) 16 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-11-78
9. AGE last birthday: 71 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dispensary Nurse
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Poinsett
14. MOTHER'S MAIDEN NAME: Lydia Brumfield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X **Immediate cause** (a) Cerebral Accident — 4 hours

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R.C. Dodson M.D. (Degree or Title) D.M.E. ADDRESS: Rising Sun, Maryland DATE SIGNED: 9-16-50

R.C. DODSON M.D.

23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE THEREOF: 9-16-50 | NAME OF CEMETERY OR CREMATORY: Riverview Cemetery | LOCATION (City, town, or county) (State): Wilmington, Delaware

DATE REC'D BY LOCAL REG.: Sept. 16, 1950 | REGISTRAR'S SIGNATURE: Lola M. Daughaday act Regt | 24. FUNERAL DIRECTOR ADDRESS: Marshall Yeatman 819 Washington St., MARSHALL YEATMAN & SON, Wilmington, Del.

V3492

RECEIVED
SEP 19 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09199

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) 6 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City; STREET ADDRESS (If rural, give location) Conrad St

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) E (Last) SCHOTTER

4. DATE OF DEATH: (Month) SEPT (Day) 20 (Year) 1950

5. SEX: M

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 6, 1895

9. AGE last birthday: 54 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalid.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick E. Schotter

14. MOTHER'S MAIDEN NAME: Mamie Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Ernest Lewis, Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac decompensation (Pulmonary edema) — Interval Between Onset and Death: 2 hours 5 days

Antecedent cause(s) 422.2

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932

(b) Chronic Myocarditis — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1950, to Sept 20, 1950, that I last saw the deceased alive on Sept 20, 1950, and that death occurred at 12:05 P m., from the causes and on the date stated above.

SIGNATURE Henry Davis (Degree or title) M.D. ADDRESS Chesapeake City Md. DATE SIGNED 9/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept 23/50 — NAME OF CEMETERY OR CREMATORY: Bethel — LOCATION (City, town, or county): near Chesapeake City (State): Md

DATE REC'D BY LOCAL REG.: Sept 21 — REGISTRAR'S SIGNATURE: F R Brazer

24. FUNERAL DIRECTOR: H W Tippin & Son — ADDRESS: Elkton, Md

XVX99

RECEIVED
SEP 23 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

09200

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Pa. COUNTY: Lancaster
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pleasant Grove
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital	STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): GEORGIA SHUMATE	4. DATE OF DEATH (Month) (Day) (Year): 9 3 1950		
5. SEX: F.	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 8-19-1913
9. AGE last birthday: 37 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): N. C.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Linda Adams	14. MOTHER'S MAIDEN NAME: Roxy Teague		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT AND ADDRESS: William Shumate, Corony Md	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

670X

Immediate cause (a) Shock & Post Partum Eclampsia

Antecedent cause(s)

146 b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature Sep. of Placenta

(c) & internal uterine Hemmorhage.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-3-50	19b. MAJOR FINDINGS OF OPERATION: delivery of stillbirth	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2, 1950, to 9-3, 1950 that I last saw the deceased alive on 9-3, 1950, and that death occurred at 3:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
R. C. Dodson MD	Rising Sun Md.	9-3-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Sept 5-50	NAME OF CEMETERY OR CREMATORY: Baptist	LOCATION (City, town, or county) (State): Conowingo Cecil Md.
DATE REC'D BY LOCAL REG.: Sept 5	REGISTRAR'S SIGNATURE: F. K. Frazer	24. FUNERAL DIRECTOR: J. E. Tyson	ADDRESS: Rising Sun Md.

RECEIVED
SEP 6 1960
BUREAU V. S.

09201

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ALFRED (Middle) S. (Last) TAMARGO
4. DATE OF DEATH (Month) September (Day) 21, (Year) 1950
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 6-29-11
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUILDING ~~UNKNOWN~~ SUPT-
10b. KIND OF BUSINESS OR INDUSTRY HOME CONSTRUCTION
11. BIRTHPLACE (State or foreign country) NEW YORK CITY
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Sandy Tamargo
14. MOTHER'S MAIDEN NAME ~~Unknown~~ HATTIE GAROTZ
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO. 218-07-5517
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
237X Immediate cause	(a) Hemorrhage, subdural, massive, post-operative, due to tumor, cerebellar, unclassified.	2 Hours
57d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION September 21, 1950
19b. MAJOR FINDINGS OF OPERATION Same as above.
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) --
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --
(CITY OR TOWN) -- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? --

22. I hereby certify that VA attended the deceased from 9-5-, 1950, to 9-21, 1950, ~~that I last saw the deceased~~ ~~alive on~~ ~~XXXXXXXXXXXXXXXXXXXX~~, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

SIGNATURE E. P. BRANNON, M.D., (Degree or title) Chief, Professional Services, VAH, Perry Point, Md. ADDRESS DATE SIGNED 9-22-50

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE THEREOF 9-24-50
NAME OF CEMETERY OR CREMATORY Methodist Cemetery
LOCATION (City, town, or county) (State) North East, Maryland

DATE REC'D BY LOCAL REG. Sept 23-50
REGISTRAR'S SIGNATURE Ida M. Daugherty act. Reg.
24. FUNERAL DIRECTOR Joseph R. Grant North East Md ADDRESS J. R. GRANT FUNERAL HOME

316 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 28 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

09202

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH
COUNTY: Cecil
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Principio Furnace
LENGTH OF STAY (in this place): 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Principio Furnace
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Eva (Middle) Mae (Last) Winchester

4. DATE OF DEATH: (Month) Sept. (Day) 15, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-4-1880

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hibbard M. Anderson

14. MOTHER'S MAIDEN NAME: Mary E. Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: George T. Winchester, Principio Furnace, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Haemorrhage	3 da.
421.4 Antecedent cause(s) 92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Valvular Heart Disease	50 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1950, to Sept 15, 1950, that I last saw the deceased alive on Sept 15, 1950, and that death occurred at 12.45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. F. Magraw M.D. Perryville Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Buried
DATE: 9-18-1950
NAME OF CEMETERY OR CREMATORY: Principio Cemetery
LOCATION (City, town, or county) (State): Principio Furnace, Md

DATE REC'D BY LOCAL REG.: Sept 19, 1950
REGISTRAR'S SIGNATURE: Ida M. Daugherty Act Reg.
24. FUNERAL DIRECTOR: Vern A. Patterson & Son. ADDRESS: Perryville, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 19 1950
BUREAU V. S